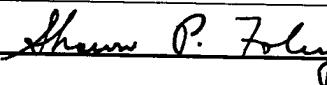


<b>UTILITY</b> <b>PATENT APPLICATION</b> <b>TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		<b>Attorney Docket No.</b> FELDER 3.9-001 CONT DIV <b>First Inventor</b> Robin A. Felder <b>Title</b> G PROTEIN-RELATED KINASE MUTANTS IN ESSENTIAL HYPERTENSION <b>Express Mail Label No.</b> EV 342574913 US																					
<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents.</small>		<b>ADDRESS TO:</b> MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450																					
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small> 2. <input checked="" type="checkbox"/> Applicant claims small entity status. 3. <input checked="" type="checkbox"/> Specification [Total Pages <b>45</b> ] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> <li>- Descriptive title of the invention</li> <li>- Cross Reference to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (<i>if filed</i>)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <b>5</b> ] 5. Oath or Declaration [Total Sheets <b>4</b> ] <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))  <small>(for continuation/divisional with Box 18 completed)</small> <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b>  <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></li> </ul> </li> </ul> 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program ( <i>Appendix</i> ) 8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Form (CRF)</li> <li>b. Specification Sequence Listing on:               <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper</li> </ul> </li> <li>c. <input type="checkbox"/> Statements verifying identity of above copies</li> </ul>																					
<b>ACCOMPANYING APPLICATION PARTS</b> <ul style="list-style-type: none"> <li>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</li> <li>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <small>(when there is an assignee)</small> <input type="checkbox"/> Power of Attorney</li> <li>11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)</li> <li>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</li> <li>13. <input type="checkbox"/> Preliminary Amendment</li> <li>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)  <small>(Should be specifically itemized)</small></li> <li>15. <input type="checkbox"/> Certified Copy of Priority Document(s)  <small>(if foreign priority is claimed)</small></li> <li>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).  <small>Applicant must attach form PTO/SB/35 or its equivalent.</small></li> <li>17. <input type="checkbox"/> Other: _____</li> </ul>																							
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76. <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)    of prior application No.: <b>09/614,748</b> Prior application information: Examiner <b>Anne Marie Falk</b> Art Unit: <b>1632</b>																							
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <b>can only</b> be relied upon when a portion has been inadvertently omitted from the submitted application parts.																							
<b>19. CORRESPONDENCE ADDRESS</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><input checked="" type="checkbox"/> Customer Number:</td> <td style="width: 25%;"><b>000530</b></td> <td style="width: 25%;"><b>OR</b></td> <td style="width: 25%;"><input type="checkbox"/> Correspondence address below</td> </tr> <tr> <td>Name</td> <td colspan="3"></td> </tr> <tr> <td>Address</td> <td colspan="3"></td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> <td></td> </tr> <tr> <td>Country</td> <td>Telephone</td> <td>Fax</td> <td></td> </tr> </table>				<input checked="" type="checkbox"/> Customer Number:	<b>000530</b>	<b>OR</b>	<input type="checkbox"/> Correspondence address below	Name				Address				City	State	Zip Code		Country	Telephone	Fax	
<input checked="" type="checkbox"/> Customer Number:	<b>000530</b>	<b>OR</b>	<input type="checkbox"/> Correspondence address below																				
Name																							
Address																							
City	State	Zip Code																					
Country	Telephone	Fax																					
Name (Print/Type) <b>Shawn P. Foley</b>		Registration No. (Attorney/Agent) <b>33,071</b>																					
Signature 		Date <b>October 2, 2003</b>																					

 22264 U.S. PTO  
 10/677183


10/02/03  
16076 U.S. PTO

Use in lieu of PTO/SB/17 (08-03)  
(Form updated to reflect FY 2004 fees effective 10/1/03)

# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003, Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 977.00)

Complaint if Known	
Application Number	Not Yet Assigned
Filing Date	Concurrently Herewith
First Named Inventor	Robin A. Felder
Examiner Name	Not Yet Assigned
Art Unit	N/A
Attorney Docket No.	FELDER 3.9-001 CONT DIV

**METHOD OF PAYMENT (check all that apply)**

Check  Credit Card  Money Order  Other  None  
 Deposit Account:

Deposit Account Number 12-1095

Deposit Account Name Lerner, David, Littenberg,  
Krumholz & Mentlik, LLP

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1001 770	2001 385	Utility filing fee	385.00
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
<b>SUBTOTAL (1)</b>		(\$)	385.00

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	38	-20** =	18	x	9.00	=	162.00	Fee from below	Fee Paid
Independent Claims	13	-3** =	10	x	43.00	=	430.00		
Multiple Dependent						=			

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2)</b>		(\$ 592.00)

\* or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)			
<b>3. ADDITIONAL FEES</b>			
<b>Large Entity</b>	<b>Small Entity</b>		
Fee Code (\$)	Fee Code (\$)		
1051 130	2051 65	Surcharge – late filing fee or oath	Fee Paid
1052 50	2052 25	Surcharge – late provisional filing fee or cover sheet.	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 420	2252 210	Extension for reply within second month	
1253 950	2253 475	Extension for reply within third month	
1254 1,480	2254 740	Extension for reply within fourth month	
1255 2,010	2255 1,005	Extension for reply within fifth month	
1401 330	2401 165	Notice of Appeal	
1402 330	2402 165	Filing a brief in support of an appeal	
1403 290	2403 145	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive – unavoidable	
1453 1,330	2453 665	Petition to revive - unintentional	
1501 1,330	2501 665	Utility issue fee (or reissue)	
1502 480	2502 240	Design issue fee	
1503 640	2503 320	Plant issue fee	
1460 130	1460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 770	2809 385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 770	2810 385	For each additional invention to be examined (37 CFR 1.129(b))	
1801 770	2801 385	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	
Other fee (specify)			
*Reduced by Basic Filing Fee Paid			
<b>SUBTOTAL (3)</b>			
(\$ 0.00)			

## SUBMITTED BY

(Complete if applicable)

Name (Print/Type)	Shawn P. Foley	Registration No. (Attorney/Agent)	33,071	Telephone	(908) 518-6346
Signature	<i>Shawn P. Foley</i>			Date	October 2, 2003